The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Redburn Clinic

Provider: Spa Nursing Homes Ltd

Date of Inspection: 10 September 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Spa Nursing Homes Ltd
Responsible Individual:	Mr Christopher Philip Arnold
Registered Manager:	Mr Michael Bagood
Service Profile – This home is a registered nursing home which provides general nursing care for up to 27 patients. The home is also registered to care for patients with a physical disability. Patients' bedrooms are located over three floors and patients have access to communal lounges and a dining area.	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2026 from 9:45 am to 4:45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 21 April 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again and two areas for improvement from the previous inspection were carried forward for review at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "staff are brilliant and they treat me well" and "the staff are unbelievable, I am very content".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Questionnaires returned from patients during the inspection indicated that they were very happy with the care. The comments included "I'm happy with the care, the care is top class" and "staff are lovely, everything is good".

Staff spoke in positive terms about the provision of care.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "All staff are great, very friendly and helpful" and "meals are made to perfection".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). However, records reviewed evidenced the current system in place for monitoring the staff's registrations with NISCC was not robust. This was discussed with the management team and an area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed, that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable and had a pleasant experience.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

The activity schedule was on display. Activities planned for the week included chair exercises, ball games, karaoke and nailcare.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, review of two patients' care records evidenced that some of the care plans and risk assessments had not been developed in a timely manner. This area for improvement was stated for a second time.

Daily records were kept of how each patient spent their day and the care and support provided by staff. However, the nurses' station office was observed to be unlocked and patient records could be accessed by unauthorised persons. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Observation of the environment identified some concerns, a number of window blinds in the dining room requiring repairing and a number of fabric chairs throughout the home were stained. An area for improvement was identified.

Discussion with domestic staff, review of the cleaning schedules and observation of the environment evidenced that a number of bedrooms required attention to ensure the cleanliness of the environment, for example debris noted under beds and dust noted on radiator covers and windowsills. An area for improvement was identified.

The location of the external smoking area was discussed with the management team and the importance of ensuring this area is protected from the elements so that patients can use it all year round. This will be reviewed at the next inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Michael Bagood has been the registered manager since 14 May 2024.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

Patients and their relatives said that they knew who to approach if they had a complaint.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

* the total number of areas for improvement includes one standard that has been stated for a second time and one regulation and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure medicines are prepared immediately prior to their administration for each patient. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 21 (b) **Stated:** First time **To be completed by:** 10 September 2026	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager will ensure all details on the NISCC monthly log are accurate and up to date. Registration status is checked monthly on the NISCC portal and reminders issued to staff in advance of renewal dates. This is also monitored through the Regulation 29 visit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that maximum, minimum and current refrigerator temperatures are recorded each day and that the thermometer is reset after each reading. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 4.1 **Stated:** Second time	The registered person shall ensure that there is a system in place to monitor the completion of care records following a patient's admission to the home. Ref: 2.0 & 3.3.3

To be completed by: 10 September 2026	**Response by registered person detailing the actions taken:** The Registered Manager will ensure that new admission documentation is audited 5 days following an admission to ensure compilance. The Registered Manager has also addressed with the nursing team their responsibility in relation to ensuring all care needs are assessed and that there are care plans in place for any assessed needs and the timeframe for completion of this. This will also be checked during Regulation 29 monthly visits.
Area for improvement 3 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 10 September 2026	The registered person shall ensure that patients' confidential records are securely stored. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager has provided a locked cabinet for storage of confidential records within the nursing office. A keypad has been added to the door to ensure the office door is also closed when staff are not present in the room.
Area for improvement 4 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 30 November 2026	The registered person shall ensure the environmental deficits identified in this report are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager can confirm that all blinds within the dining room have been repaired. Chairs have been deep cleaned and some replaced. The Registered Manager will continue to monitor the cleanliness of the seating within the home.
Area for improvement 5 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 31 October 2026	The registered person shall review the domestic provision to ensure that there are a sufficient number of domestic staff so that standards relating to the cleaning of the premises are fully met. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager can confirm that the domestic provision has been reviewed and increased. The of duty rota has been revised to ensure sufficient cover is available each day. The Registered Manager has addressed with domestic staff their responsibilities in relation to the cleaning required of the environment. The Registered Manager completes a daily walkaround and is monitoring the cleanliness of the environment.

Please ensure this document is completed in full and returned via the Web Portal

The **Regulation** and **Quality Improvement** Authority

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